

Case Number:	CM14-0191979		
Date Assigned:	11/25/2014	Date of Injury:	03/14/2012
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old male who reported an injury on 03/14/2012. The mechanism of injury was not provided. The diagnoses included lower back pain, lumbar radiculopathy, and lumbar degenerative disc disease. Prior treatments included a transforaminal epidural steroid injection, medication, and physical therapy. Medications included Norco, Neurontin and Zanaflex. The injured worker rated his pain 6-7/10, using the VAS. The physical examination of the lumbar spine dated 09/19/2014 revealed range of motion with a flexion of 120 degrees bilaterally and an extension of 30 degrees bilaterally. Negative for a Patrick's test, Ober's test, Thomas test, and an Allis test. Sensation was decreased to pinprick and light touch to the right anterior lateral thigh area. Gait was normal without limp or list. There was moderate tenderness to the thoracolumbar spine at the L4-5 and L5-S1 area, no flank swelling, ecchymosis, discoloration, or spasm appreciated. The lumbar lordosis was well preserved, no significant tenderness was noted over underlying bilateral sciatic notches or sacroiliac joints. A plan was for prescription for Norco, Gabapentin, and Zanaflex. A Request for Authorization dated 11/25/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prescription of Norco 10/325 mg # 120 with two refills 10/2/2014 and 1/22/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on going pain management, Opioids for chronic pain Page(s): 78, 82.

Decision rationale: The request for prescription of Norco 10/325 mg # 120 with two refills 10/2/2014 and 1/22/2015 is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The injured worker should also be assessed for any tolerance and addiction. Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. The documentation did not address the ongoing pain management that included adverse side effects were not addressed and aberrant drug taking behaviors. The documentation stated that the injured worker received an ESI May 19th 2014, with a pain relief of 60 percent, however his pain is noted to be 6-7/10 using the VAS. The documentation also stated that the injured worker's injured occurred in 2012. The length of time the injured worker has been taking the narcotic was not documented. There should be evidence of a drug screen with continued use of opioids. The request did not address the frequency. As such, the request is not medically necessary.

Prescription of Zanaflex 2 mg, #60 with two refills between 10/2/2014 and 1/22/2015:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66.

Decision rationale: The request for prescription of Zanaflex 2 mg, #60 with two refills between 10/2/2014 and 1/22/2015 is not medically necessary. The California MTUS guidelines recommend Tizanidine (Zanaflex) as non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The Guidelines indicate Tizanidine is a second line muscle relaxant. The request did not address the frequency. The request is not medically necessary.

One prescription of Neurontin 300 mg #60 with two refills between 10/2/2014 and 1/22/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for one prescription of Neurontin 300 mg #60 with two refills between 10/2/2014 and 1/22/2015 is not medically necessary. The California MTUS Guidelines state Gabapentin has been shown to be effective for diabetic painful neuropathy and post-herpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker has been prescribed Fanatrex since at least 11/15/2013. The efficacy of the medication is not documented. The provider's rationale was not provided. The medical documents did not indicate that the injured worker had significant difficulties taking traditional tablet medications which would indicate the injured worker's need for oral suspension medications. The provider's request does not indicate the frequency of the medication. As such, the request is not medically necessary.